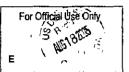
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10090	2. Fiscal Year Covered From:
	1 / 1 / 09 Through: 12 / 31 / 69
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Mark W McCall	Name Inschaturs & Asbestos Workers Local 42
	Labor Organization File Number 005 635
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 26324 Lewes-Georgeto: N. Hwy	Street 1188 River Rd.
City Harbeson	City New Costle
State De. ZIP Code + 4 19951	State <i>De</i> . ZIP Code + 4 19720
5. Position in labor organization. Business Agent	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
physical (pg qqc contains a	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	: ^
7/0 0-1-1	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instruct cns.)	
Signed Mark W. M. Wall	on 8-3-05 309-328-4203
	Date Telephone Number

Name of Person Filing Wark W. McCall	File Number U-	
B. Heid an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the ouslness of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name: WACHOUTA	r-3	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any PA, 4389	b. Trust	
Street 123 South Broad Street	C. Empoyes	
city Philadelphia		
State Pa. ZIP Code + 4 19109		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Funds Banking	
Trade Name, If any:	LOCALS General Kind Banking	
P.O. Box, Bidg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	3-13-04 Flyers GAME	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.	